

The poster has been created by public advisers that have experienced health inequalities in their day to day lives and so have contributed this knowledge and wisdom to enhance applied health research.

*Designed by Jamie Hunter & Liz Fuller
Proofread by Neil Joseph*

LIZ FULLER

I have worked with people living with dementia for a number of years. Having to constantly battle for their rights so they can live as "normal" a life as possible: e.g. staying in hospital for the correct amount of time after hip replacements, strokes, heart attacks, etc. In CLAHRC NWC I am involved in a project investigating access to formal care for people living with dementia.

This project compares the North West Coast of England with the Netherlands. From early on I was involved in compiling the layman section of the funding application to make it as person centred and understandable as possible.

Currently, I am involved in disseminating the information gathered from the Household Health Survey, and I attend a number of groups and read over academic papers before they are submitted for publication.

JAMIE HUNTER

I became aware of health inequalities when I received rejections after applying for different job roles within NHS trusts in the North West Coast (NWC) of England.

When speaking to an NHS Mersey Care nurse about the difficulties in my life growing up, she understood why I had developed anxiety and depression. She linked my problems with the fact I should have been diagnosed as having Asperger's Syndrome at a younger age.

My social therapy treatment involved joining the NHS Mersey Care Life Rooms which got me involved in a research project as a public adviser for CLAHRC NWC with a project evaluating Life Rooms' effectiveness as a social therapy. I also interviewed service users who shared experiences of how health inequalities have impacted on their day to day lives.

DAWN ALLEN

We are a low-income family and my son begins high school in September. The bus will cost approximately £48.00 per month. We have a very expensive public transport system which is out of reach for many people who are not eligible for free travel or have mobility issues.

My friend told me about working at the local community centre as a resident advisor and the involvement has steadily grown. Working with CLAHRC's Neighbourhood Resilience Programme in Haslingden has helped me gain skills such as interview techniques and ways of looking at data to identify themes. I have enjoyed designing our animation as a creative process to identify barriers and issues in public transport.

ALAN GRIFFITHS

I have a 35-year-old son Chris, who has a severe learning disability, epilepsy and autism.

When I found out that CLAHRC NWC had tackling health inequalities as one of its themes, I was keen to get involved. I am involved in the evaluation of GP Forward view, which aims to address, amongst other things, socio-economic health inequalities in Cheshire and Merseyside. I helped to word the application, giving more emphasis to health inequalities. I also, contributed to the design of a survey for all GP's in the area and suggested interview questions for GP's, practice managers and patients.

Hopefully the findings and recommendations of this project will help to inform the Government's 10 Year Plan.

NEIL JOSEPH

With CLAHRC NWC I reviewed a project proposal to allow healthy premature babies to be cared for at home. The importance of this project is because many mothers are parted from their healthy premature babies for extended periods due to pressures on hospital maternity wards.

On discussing the proposal, I asked whether lower income families could afford paying for the electricity bill of a Home Incubation monitor. Some of these families receive their electricity supply on a Pay As You Go tariff. Energy bought through prepayment meters is more expensive and might force families to choose between home incubators, heating and eating.

I suggested a small, weekly electricity voucher scheme for low income families, monitored by the Community Health Team. This change to the project proposal made me feel like my role as a Public Adviser with CLAHRC NWC is valued and can truly make a difference.

SANDRA SMITH

My role as a Public Adviser enables me to fulfil my passion to be involved in research to improve the quality of life for people living with MND and dementia. I was involved in the research project 'Communicating Well Being and Quality of Life in Motor Neurone Disease to Multidisciplinary Teams', where I was involved in the design, analysis of data and more importantly dissemination of research findings.

I am pleased that the results have now been published. Following on from the initial project I am now involved in another research project 'Supporting Access to Activities to enhance Well Being and Reduce Social Isolation in Patients living with MND'.

KEITH HOLT

My problems with mental health over the years, including positive and negative experiences with service providers, sparked an interest in approaches to fostering cultural change in services so they embrace patient empowerment.

My involvement with CLAHRC N.W.C. started at the very first networking meeting, where I was steered to the Mental Health Theme. From that meeting my interest and involvement grew progressively. These five years as a public advisor have been a learning curve, and have also given me an opportunity to see how academia co-produces and shares health research with partners.

It has been a positive experience. Most notably, I have shared my experiences with intern PHD students. I have also collaborated in organising an event with CLAHRC South West Peninsula public involvement group.

